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CONFIRMATION NO. 3750

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APPLICANTS	· · · · · · ·				<u> </u>					
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IF REQUIRED, F ** 03/02/2004	ORE	GN FILING LICEN	SE GRANTE	D						
Foreign Priority claim 35 USC 119 (a-d) cor		yes no	Onfter Allowance	STATE OR	SH	IEĖTS	TOI	ΓAL	INDEPENDENT	
met Verified and Acknowledged	Exa	aphiner's Signature	Initials	COUNTRY	DR	RAWING CLA			CLAIMS 1	
ADDRESS 32116 WOOD, PHILLIP 500 W. MADISO SUITE 3800 CHICAGO , IL 60661	S, KA N STE	TZ, CLARK & MOF REET	RTIMER							
TITLE Helmet cover and	d shro	ud set for firefighte	r or emergen	cy worker						
						☐ All Fees				
ביי ואס בבב	EEEC. Authority has been stored to De-				·	☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of				
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					time)				
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